

SEC 1972 (6-02)

UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

## FORM D

OMB Number: 32 Expires: April 30, 2008 Estimated average burden 3235-0076

hours per response. . . . . 16.00

# **OTICE OF SALE OF SECURITIES** PURSUANT TO REGULATION D, **SECTION 4(6), AND/OR** UNIFORM LIMITED OFFERING EXEMPTION

SEC USE ONLY							
Prefix	Serial						
1 1							
DATE RECEIVED							
	i						

Name of Offering ( check if this is an amendment and name has changed, and indicate changed Somers Brothers Diversified Futures Program #1, LP	e.)		
Filing Under (Check box(es) that apply):   Rule 504 Rule 505  Rule 506  Type of Filing:   New Filing  Amendment	Section 4(6)	ULOE	AECEMED S
A. BASIC IDENTIFICATION DA	ΓA	200	A HARDEN AND
Enter the information requested about the issuer			
Name of Issuer ( check if this is an amendment and name has changed, and indicate changed Somers Brothers Diversified Futures Program #1, LP			255 T D SOO
Address of Executive Officers (Number and Street, City, State, Zip Code) 170 South Warner Road, Suite 106, Wayne, PA 19087	Telephone Number (484) 576-3371		<b>~~</b> 185 <b>/</b>
Address of Principal Business Operations (Number and Street, City, State, Zip Code) (if different from Executive Offices) As above	Telephone Number ( As above	(Including Ar	ea Code)
Brief Description of Business  Pooled investment vehicle investing in limited participation interests primarily in	a portfolio of diver	sified futur	res contracts.
Type of Business Organization  ☐ corporation ☐ business trust ☐ limited partnership, already formed ☐ other (please) ☐ business trust ☐ limited partnership, to be formed	e specify):	SEP 2	ESSED 1 2000
Actual or Estimated Date of Incorporation or Organization  Month Year  Month Year  O 6 X Actual (Enter two-letter U.S. Postal Service abbreviation for State: CN for Canada; FN for other foreign		THOMS	SON E
GENERAL INSTRUCTIONS			
Federal: Who Must File: All issuers making an offering of securities in reliance on an exemption under Reg U.S.C. 77d(6).	ulation D or Section 4	(6), 17 CFR 2	30.501 et seq. or 15
When To File: A notice must be filed no later than 15 days after the first sale of securities in the offer Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given b it is due, on the date it was mailed by United States registered or certified mail to that address.			
Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 2	20549		
Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be m photocopies of the manually signed copy or bear typed or printed signatures.	anually signed. Any c	opies not man	ually signed must be
Information Required: A new filing must contain all information requested. Amendments need only thereto, the information requested in Part C, and any material changes from the information previously not be filed with the SEC.			
Filing Fee: There is no federal filing fee.			
State: This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (U adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate where sales are to be, or have been made. If a state requires the payment of a fee as a precondit amount shall accompany this form. This notice shall be filed in the appropriate states in acconstitutes a part of this notice and must be completed.	notice with the Securion to the claim for the	rities Adminis ne exemption,	strator in each state , a fee in the proper
ATTENTION	·		<u></u>
Failure to file notice in the appropriate states will not result in a loss of the federal appropriate federal notice will not result in a loss of an available state exemption filing of a federal notice.			
Persons who respond to the collection of information contained in thi	s form are not		1 - 60

required to respond unless the form displays a currently valid OMB control number.

1 of 8

	A. BASIC IDEN	TIFICATION DATA		
<ul> <li>Enter the information requested for the follo</li> <li>Each promoter of the issuer, if the issue</li> <li>Each beneficial owner having the power issuer;</li> </ul>	r has been organized with to vote or dispose, or dir	ect the vote or disposition		
<ul> <li>Each executive officer and director of contract.</li> <li>Each general and managing partner of p</li> </ul>	orporate issuers and of cor	rporate general and manag	ging partners of p	parmership issuers; and
Check Box(es) that Apply: Promoter	Beneficial Owner		Director	☐ General and/or      Managing Partner
Full Name (Last name first, if individual)		<del></del>		
Somers, Stephen				
Business or Residence Address (Number and S	Street, City, State, Zip Coc	le)		
170 South Warner Road, Suite 106, W		,		
Check Box(es) that Apply: Promoter	Beneficial Owner		Director	General and/or
Check Box(cs) that Apply.	M Delicheral Owner	M Executive Officer	Director	Managing Partner
Full Name (Last name first, if individual)				
Somers, William Watson				
Business or Residence Address (Number and S	Street, City, State, Zip Coo	le)		
175 York Avenue 24H, New York, NY 101	28			
Check Box(es) that Apply: Promoter	Beneficial Owner	☐ Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if individual)				
Somers Brothers Capital, LLC				
Business or Residence Address (Number and S	Street, City, State, Zip Coo	le)		
·		<i>)</i>		
170 South Warner Road, Suite 106, W Check Box(es) that Apply: Promoter	Beneficial Owner	Executive Officer	Director	General and/or
Check Box(es) that Apply.	Beneficial Owner		Director	Managing Partner
Full Name (Last name first, if individual)			· · · · · · · · · · · · · · · · · ·	
Business or Residence Address (Number and S	Street, City, State, Zip Coo	le)		
Check Box(es) that Apply: Promoter	Beneficial Owner	☐ Executive Officer	Director	☐ General and/or Managing Partner
Full Name (Last name first, if individual)				
		<u> </u>		<u> </u>
Business or Residence Address (Number and S	Street, City, State, Zip Coo	le)	-	
Check Box(es) that Apply: Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if individual)	· · · · · · · · · · · · · · · · · · ·			
		4		·
Business or Residence Address (Number and S	Street, City, State, Zip Coo	le)		
Check Box(es) that Apply: Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if individual)				
,				
Business or Residence Address (Number and S	Street City State Zin Coo	le)		
2 22 Or representation (random und t	, on,, out, hip coc	<del></del> ,		

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

			×	<b>D.</b>	INFURMA	IION YRO	UT OFFERI	ING			•	
1. Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering?											Yes	No ⊠
			Answ	er also in A <sub>l</sub>	ppendix, Col	umn 2, if fili	ng under UI	OE.				
2. What	is the minin	num investn	nent that will	be accepted	from any inc	lividual?	*******	• • • • • • • • • • • • • • • • • • • •			\$ <u>100,00</u>	<u>o</u>
											Yes	No
3. Does the offering permit joint ownership of a single unit?											$\boxtimes$	
comm If a pe or stat a brok	Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer only.											
Some	rs, Stephe											
170 S	outh War	ner Road,	Suite 106,	Street, City, <b>Wayne, P</b> A		ode)						
Name of	Associated	Broker or D	ealer									
States in	Which Pers	on Listed H	as Solicited	or Intends to	Solicit Purc	nasers						····
(Chec	k "All State	s" or check	individual St	tates)				•••••	************	*****	⊠ All :	States
AL	AK	AZ	AR	CA	CO	CT	DE	DC	FL	GA	HI	ĪD
IL	IN	IA	KS	KY	LA	ME	MD	MA	MI	MN	MS	МО
MT	NE	NV	NH	NJ	NM	NY	NC	ND	ОН	OK	OR	PA
RI	SC	SD	TN	TX	UT	VT	VA	WA	WV	WI	WY	PR
Full Nam	Full Name (Last Name first, if individual)											
Business or Residence Address (Number and Street, City, State, Zip Code)												
Business	or Residen	ce Address (	Number and	Street, City,	State, Zip C	ode)						<u> </u>
		ce Address ( Broker or D		Street, City,	State, Zip C	ode)						
Name of	Associated	Broker or D	ealer	Street, City,								
Name of States in	Associated Which Pers	Broker or D	ealer as Solicited		Solicit Purc	nasers					⊠ All S	States
Name of States in	Associated Which Pers	Broker or D	ealer as Solicited	or Intends to	Solicit Purc	nasers	DE	DC	FL		⊠ Ali S	States
Name of States in (Check	Associated Which Pers	Broker or D son Listed H	ealer as Solicited of	or Intends to	Solicit Purc	nasers	DE	DC	FL	GA	HI	
Name of States in (Check	Associated Which Pers k "All State	Broker or D son Listed H ss" or check AZ IA	ealer as Solicited of individual Stark	or Intends to	Solicit Purc	CT ME	DE MD	DC MA	FL	GA MN	HI MS	ID MO
Name of States in (Check	Associated Which Pers k "All State AK IN	Broker or D son Listed H s" or check	ealer as Solicited ( individual St AR	or Intends to	Solicit Purc	nasers	DE	DC	FL MI OH	GA	HI	ID
Name of States in (Check AL IL MT RI	Associated Which Pers k "All State AK IN NE SC	Broker or D son Listed H s" or check AZ IA NV SD	ealer as Solicited of individual Starks  AR  KS  NH  TN	CA KY	CO LA NM	CT ME NY	DE MD NC	DC MA ND	FL	GA MN OK	HI MS OR	ID MO PA
Name of States in (Check AL IL MT RI Full Name	Associated Which Pers k "All State AK IN NE SC ne (Last Nar	Broker or D son Listed H ss" or check AZ IA NV SD me first, if in	ealer as Solicited of individual State    AR    KS    NH    TN    dividual)	CA KY NJ TX	Solicit Purcl CO LA NM UT	CT ME NY VT	DE MD NC	DC MA ND	FL MI OH	GA MN OK	HI MS OR	ID MO PA
Name of States in (Check AL IL MT RI Full Name Business	Associated Which Pers k "All State AK IN NE SC ne (Last Nar or Resident	Broker or D son Listed H ss" or check AZ IA NV SD me first, if in	ealer as Solicited of individual State    AR    KS    NH    TN    dividual)	CA KY	Solicit Purcl CO LA NM UT	CT ME NY VT	DE MD NC	DC MA ND	FL MI OH	GA MN OK	HI MS OR	ID MO PA
Name of States in (Check AL IL MT RI Full Name Business	Associated Which Pers k "All State AK IN NE SC ne (Last Nar or Resident	Broker or D son Listed H ss" or check AZ IA NV SD me first, if in	ealer as Solicited of individual State    AR    KS    NH    TN    dividual)	CA KY NJ TX	Solicit Purcl CO LA NM UT	CT ME NY VT	DE MD NC	DC MA ND	FL MI OH	GA MN OK WI	HI MS OR	ID MO PA
Name of States in (Check AL IL MT RI Full Nam Business Name of	Associated Which Pers k "All State AK IN NE SC ne (Last Nar or Resident Associated	Broker or D son Listed H ss" or check AZ IA NV SD me first, if in ce Address ( Broker or D	ealer as Solicited of individual State    AR    KS    NH    TN    dividual)  Number and ealer	CA KY NJ TX	CO LA NM UT State, Zip C	CT ME NY VT	DE MD NC	DC MA ND	FL MI OH WV	GA MN OK WI	HI MS OR	ID MO PA
Name of States in (Check AL IL MT RI Full Nam Business Name of States in	Associated Which Pers k "All State AK IN NE SC ne (Last Nar or Resident Associated Which Pers	Broker or D son Listed H s" or check AZ IA NV SD me first, if in ce Address ( Broker or D	ealer as Solicited of individual State of the State of th	CA KY NJ TX Street, City,	CO LA NM UT  State, Zip C	ME NY VT ode)	DE MD NC VA	DC MA ND WA	FL MI OH WV	GA MN OK WI	HI MS OR	ID MO PA PR
Name of States in (Check AL IL MT RI Full Nam Business Name of States in	Associated Which Pers k "All State AK IN NE SC ne (Last Nar or Resident Associated Which Pers	Broker or D son Listed H s" or check AZ IA NV SD me first, if in ce Address ( Broker or D	ealer as Solicited of individual State of the State of th	CA KY NJ TX Street, City,	CO LA NM UT  State, Zip C	ME NY VT ode)	DE MD NC VA	DC MA ND WA	FL MI OH WV	GA MN OK WI	HI MS OR WY	ID MO PA PR
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Name of States in (Check AL IL MT RI Full Nam Business Name of States in (Check AL	Associated Which Pers k "All State AK IN NE SC ne (Last Nar or Resident Associated Which Pers k "All State AK	Broker or D  son Listed H  son check  AZ  IA  NV  SD  me first, if in  ce Address (  Broker or D  son Listed H  son check  AZ  AZ	as Solicited of individual State of the Individual Sta	CA KY NJ TX Street, City, or Intends to	Solicit Purcl CO LA NM UT State, Zip C	Tode)	DE MD NC VA	DC MA ND WA	FL MI OH WV	GA MN OK WI	HI MS OR WY All S	ID MO PA PR States

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

#### C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS 1. Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box and indicate in the columns below the amounts of the securities offered for exchange and already exchanged. Amount Already Aggregate Offering Price Sold Type of Security Debt ..... 0 Equity..... Common Preferred Convertible Securities (including warrants).... Partnership Interests. \$ 100,000,000 1,948,202 )..... Other (Specify 0 Total ...... \$ 100,000,000 1,948,202 Answer also in Appendix, Column 3, if filing under ULOE. 2. Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero." Aggregate Dollar Amount Number of Purchases Investors Accredited Investors 0 Non-accredited Investors Total (for filings under Rule 504 only) N/A N/A Answer also in Appendix, Column 4, if filing under ULOE. 3. If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C — Question 1. Type of Dollar Amount Security Sold Type of offering Rule 505.... N/A Regulation A N/A N/A Rule 504 N/A N/A Total N/A N/A

\_\_\_\_\_\_

 $\boxtimes$ 

35,000

15,000

0

0

0 50,000

a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure

Transfer Agent's Fees...

Printing and Engraving Costs...

Legal Fees

Accounting Fees

Engineering Fees

Sales Commissions (specify finders' fees separately)

Total

is not known, furnish an estimate and check the box to the left of the estimate.

Other Expenses (identify) Bridge Loan Fees

C. OFFERING PRICE, NUMBER	OF INVESTORS, EXPENSES AND	USE OF PROCE	EDS
b. Enter the difference between the aggregate offering Question 1 and total expenses furnished in response to Pathe "adjusted gross proceeds to the issuer."	art C - Question 4.a. This difference is		\$ 99,950,000
5. Indicate below the amount of the adjusted gross proceed used for each of the purposes shown. If the amount for estimate and check the box to the left of the estimate. equal the adjusted gross proceeds to the issuer set forth above.	any purpose is not known, furnish an The total of the payments listed must		<u> </u>
		Payments to Officers, Directors, & Affiliates	Payments to Others
Salaries and fees	*	\$ 0	□ \$ 0
Purchase of real estate		\$ 0	□ \$ 0
Purchase, rental or leasing and installation of machine		-	
and equipment		\$ 0	□ <b>\$</b> 0
Construction or leasing of plant buildings and facilities	s	\$	□ \$ 0
Acquisition of other businesses (including the value of	•	·	
that may be used in exchange for the assets or securities			_
merger)		\$0	\$
Repayment of indebtedness		\$0	□ \$ <u> </u>
Working capital		\$0	S 0
Other (specify): Pooled investment vehicle investin primary in a portfolio of diversified futures contracts.	g in limited participation interests		
		\$0	$\boxtimes$ Up to \$100,000,000
Columns Totals	<del>-</del>	\$0	<b>□</b> Up to \$100,000,000
Total Payments Listed (column totals added)			☑ Up to \$100,000,000
<u> </u>			· · · · · · · · · · · · · · · · · · ·
<b>D.</b> /	FEDERAL SIGNATURE		
The issuer has duly caused this notice to be signed by th following signature constitutes an undertaking by the issuer its staff, the information furnished by the issuer to any non-a	to furnish to the U.S. Securities and E.	xchange Commissi	on, upon written request of
Issuer (Print or Type)	Signature		Date
Somers Brothers Diversified Futures Program #1, LP	Jan Jan	Ø	9/13/06
Name of Signer (Print or Type)	Title of Signer (Print of type)		
Stephen Somers	Principal, Managing Member		
	<u> </u>		

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001).

	E. STATE SIGNATURE
	e) or (f) presently subject to any of the disqualification provisions of such Yes No
See Append	dix, Column 5, for state response.
2. The undersigned issuer hereby undertakes to furnish D (17 CFR 239.500) at such times as required by sta	h to any state administrator of any state in which this notice is filed, a notice on Form tate law.
3. The undersigned issuer hereby undertakes to furnish to offerees.	h to the state administrators, upon written request, information furnished by the issuer
	familiar with the conditions that must be satisfied to be entitled to the Uniform limited his notice is filed and understands that the issuer claiming the availability of this conditions have been satisfied.
The issuer has read this notification and knows the content duly authorized person.	nts to be true and has duly caused this notice to be signed on its behalf by the undersigned
	$I$ $\Lambda$
(Ssuer (Print or Type)	Signature Date 9/17/1X
Somers Brothers Diversified Futures Program #1, LP	/ / / / / / / / / / / / / / / / / / /
Name (Print or Type)	Title (Print of Type)

Principal, Managing Member

#### Instruction:

**Stephen Somers** 

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

## APPENDIX

1	Τ :	2	3	<del></del>		4		<del>,                                    </del>	5
	to non-a	to sell ccredited s in State -Item 1)	Type of security and aggregate offering price offered in state (Part C-Item 1)		Type of investor and amount purchased in State (Part C-Item 2)			Disqualification under State ULOE (if yes, attach explanation of waiver granted) Part E-Item 1)	
State	Yes	No	Limited Partnerships Interests (Up to \$100,000,000)	Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No
AL				·			<u> </u>		
AK									
AZ									
AR									
CA									
со									
СТ	<u> </u>					·			
DE									
DC	<u> </u>			<u>-</u>					
FL	,								
GA									
НІ								ļ	
ID									
IL	<u> </u>								
IN									
IA									
KS				-					
KY									
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МЕ									
MD									
MA	<u>.</u>								
MI	1								
MN									
MS									

### APPENDIX

1		2	3	<u> </u>		4			5
	Intend to non-a investors	to sell ccredited s in State -Item 1)	Type of security and aggregate offering price offered in state (Part C-Item 1)					Disqualification under State ULOE (if yes, attach explanation of waiver granted) Part E-Item 1)	
State	Yes	No	Limited Partnership Interests (Up to \$100,000,000)	Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No
МО									
MT									
NE				-					
NV									
NH									
NJ									
NM									
NY									
NC								ļ. 	
ND								,	
ОН									
ОК									
OR									
PA		X	L.P. Interests	1	\$1,948,202				X
RI				·					
SC	_								
SD				·					
TN									
TX			·						
UT									
VT		···							
VA						_			
WA									
WV						<u> </u>			
WI									
WY								,	
PR				·					